



Texas Department of Insurance
State Fire Marshal's Office, Mail Code 112-FM
 333 Guadalupe • P. O. Box 149221, Austin, Texas 78714-9221

FIREFIGHTER WITNESS INTERVIEW FORM

Name: _____ DOB: _____

Department: _____

Rank/Title: _____ Unit #: _____

Shift assignment and duty: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Employer: _____

Home #: () _____ Cell #: () _____

Work #: () _____ Other #: () _____

NOTIFICATION AND ARRIVAL PHASE

1. How did you become aware of the initial call?

2. What time was it? _____

3. Where were you when you first became aware of the call?

4. How did you travel to the scene?

5. When you first arrived at the scene, what did you observe?

6. What time did you arrive? _____

7. Upon your arrival, did you see, smell, or hear anything that you would consider unusual at the scene?
8. Did you arrive prior to the arrival of fire/EMS?
(If **no**, skip to number 9.)

8A. If you arrived before fire/EMS, to whom did you report?

8B. What did you do before the arrival of fire/EMS?

8C. When you first arrived, what was the status of the incident?

- ☐ Number of victims/patients
- ☐ Patient(s) condition
- ☐ Scene conditions
- ☐ Other responder actions
- ☐ Weather conditions
- ☐ Building or room condition
- ☐ Road conditions
- ☐ Lighting (ambient and/or scene)

Please describe your observations.

9. If you went to the scene in a fire/EMS vehicle, describe the status of the incident when you arrived.

(Skip if you arrived before fire/EMS and answered number 8.)

Please describe your observations.

- ☐ Number of victims/patients
- ☐ Patient(s) condition
- ☐ Scene conditions
- ☐ Other responder's actions
- ☐ Weather conditions
- ☐ Building or room condition
- ☐ Road Conditions
- ☐ Lighting (ambient and/or scene)
- ☐ Number of victims/patients
- ☐ Barriers, guardrails etc.
- ☐ Fire apparatus placement
- ☐ Other emergency vehicle placement
- ☐ Traffic control devices

9A. What time did you arrive? _____

9B. When you arrived at the scene, to whom did you report?

10. When you arrived, what fire/rescue activities were in progress?

11. What medical care did responders give?

12. What EMS service transported the victim?

13. Where was victim transported?

14. Did FD personnel ride in or drive ambulance?

Who?

INCIDENT DETAILS

15. Please describe in order, what tasks you performed while at the scene, from arrival to the time you left the scene.

16. What personal protective equipment, including gloves, helmet, bunker gear, traffic vest, handheld devices, lights, etc., did you wear at the scene?

17. Were you working in the area the fatality or injury occurred? _____
(If **no**, skip to question 16.)

Please describe your activities and what you saw in the area at the time of the injury or death.

17A. What was the firefighter doing at the time of the injury or death?

17B. What type of protective equipment (bunker gear, helmet, traffic vest, handheld devices, lights, etc.) was the firefighter wearing just before the incident? Did this impede medical care?

17C. What is the last thing you remember before the injury or fatality occurred?

18. How and when did you become aware that a firefighter was down, had been injured, or had died?
19. Did you hear any radio traffic involving the death or injury?
20. Did you hear any sounds you consider unusual at a scene? Please describe what you heard.
21. Were you involved in any rescue attempts involving any firefighters who had become injured? Please describe.
22. As you observed the scene, please describe how the incident got larger or smaller while you were there. Please describe any unusual events you saw, smelled, or heard while you were on the scene. If you remember the times of specific events that occurred, please note them.
23. Did any additional fire apparatus, law enforcement vehicles, or ambulances arrive while you were on the scene? Please describe the sequence and times they arrived.

DEPARTURE AND POST-SCENE PHASE

24. Why did you leave the scene?
25. What time was it? _____
26. What was the status of the incident when you left the scene?
- ☐ Scene conditions
 - ☐ Other responder's actions
 - ☐ Weather conditions
 - ☐ Building or room condition
 - ☐ Road conditions
 - ☐ Lighting (ambient and/or scene)
 - ☐ Number of victims/patients
 - ☐ Barriers, guardrails, etc.
 - ☐ Fire apparatus placement
 - ☐ Other emergency vehicle placement
 - ☐ Traffic control devices
 - ☐ Number of victims/patients

Please describe your observations.

27. After you left the scene, where did you go and what did you do?
28. Has any other information come to you regarding the incident after you left the scene? If so, what?
29. Do you remember who told you and when you heard it?

30. Did you receive any notifications via social media?

30A. What did they say?

30B. Who were they from?

31. Do you have any photographs before or after the incident?

32. Are there any other statements you want to make?

33. Please draw a sketch on the back of this form (if a sketch is not provided) showing your recollection of the scene including apparatus placement, hoselines, equipment, other vehicles, victims, personnel locations and where you worked during the incident. If you moved to a different location or locations, please mark them as 1, 2, 3, etc.

Use the back of as many of the pages as you need if multiple sketches are required.

Thank you for assistance. Someone may contact you for additional information. Please contact Lt. Brian Fine, State Fire Marshal's Office at (512) 417-7162 if you receive any additional information on this fire.

Do Not Write Below This Line--Investigator Use Only

Interviewed by: _____ Agency: _____

Time/Date: _____

Follow-up Required? _____ Assigned to: _____